Licensed Family 90-4:

(1) The licensee shall ensure that any building or playground structure on the premises constructed prior to 1978 which has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, the licensee shall contact the local health department and follow all required procedures for the remediation of the lead based paint hazard.

Residential Certificate 50-4:

(1) The certificate holder shall ensure that any building or playground structure on the premises constructed prior to 1978 which has peeling, flaking, chalking, or failing paint is tested for lead based paint. If lead based paint is found, the certificate holder shall contact the local health department and follow all required procedures for the remediation of the lead based paint hazard.

Rationale / Explanation

Ingestion of lead based paint can lead to high levels of lead in the blood, which affects the central nervous system and can cause mental retardation. Even at low levels of exposure, lead can cause a reduction in a child's IQ and their attention span, and result in reading and learning disabilities, hyperactivity, and behavioral problems. Other symptoms of low lead levels of lead in a child's body are subtle behavioral changes, irritability, low appetite, weight loss, sleep disturbances, and shortened attention span. CFOC, pgs. 233-234 Standard 5.110

The allowed amount of lead in paint was reduced in 1978. If a facility constructed prior to 1978 has peeling, flaking, chalking or failing paint, they must provide documentation of testing for lead based paint. If lead based paint is found, the licensee must follow the procedures required by their local health department for the removal of lead based paint.

Some imported vinyl mini-blinds contain lead and can deteriorate from exposure to sunlight and heat, and form lead dust on the surface of the blinds. While there is no child care licensing rule that requires this, the CPSC recommends that consumers with children 6 years of age and younger remove old vinyl mini-blinds and replace them with new mini-blinds made without added lead. For more information, contact CPSC. CFOC, pgs. 233-234 Standard 5.110

Enforcement

Level 1B Noncompliance if infants, toddlers and pre-schoolers are enrolled.

Level 1D Noncompliance if only school aged children are enrolled.

Licensed Family 90-4, and Residential Certificate 50-4:

(2) There shall be a working toilet and a working handwashing sink accessible to each non-diapered child in care.

Rationale / Explanation

Young children need to use the bathroom frequently, and cannot wait long when they have to use the toilet. CFOC, pg. 238, Standard 5.122

Enforcement

Always Level 3C Noncompliance.

Licensed Family 90-4, and Residential Certificate 50-4:

(3) Each school age child shall have privacy when using the bathroom.

Rationale / Explanation

Children should be allowed the opportunity to practice modesty when independent toileting behavior is well established in the majority of the group. CFOC, pg. 237 Standard 5.120

Enforcement

Privacy in bathrooms means a door that closes and only one child at a time.

Always Level 3B Noncompliance.

Licensed Family 90-4, and Residential Certificate 50-4:

(4) The home shall be ventilated by mechanical ventilation, or by windows that open and have screens.

Rationale / Explanation

The health and well-being of both staff and children can be affected by the quality of air indoors. The air that people breathe inside a building is contaminated with organisms shared among occupants, and is sometimes more polluted than the outdoor air. Young children may be more affected than adults by air pollution. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. CFOC, pgs. 197-198 Standard 5.027

Screening windows used for ventilation is important to prevent insects or rodents which may bite, sting, or carry disease from getting into the home. CFOC, pg. 193 Standard 5.015.

While not required by licensing rules, the American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 3.5 inches, or else be protected with guards that prevent children from falling out of the window. CFOC, pg. 193 Standard 5.014

Signs of inadequate ventilation can include mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the home.

Enforcement

Always Level 3D Noncompliance.

In areas accessible to children, if a window on a second floor is open and not screened, or if a first floor window in a room with mobile infants, toddlers, or pre-schoolers is open and not screened this would fall under R430-90-8(4) or R430-50-8(4) not this rule.

Licensed Family 90-4:

(5) The licensee shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.

Residential Certificate 50-4:

(5) The certificate holder shall maintain the indoor temperature between 65 and 82 degrees Fahrenheit.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that a draft free indoor temperature between 65 degrees and 75 degrees Fahrenheit during the winter months, and between 68 degrees and 82 degrees Fahrenheit during the summer months. These requirements are based on the standards of the American Society of Heating, Refrigeration, and Air Conditioning Engineers, which take into account both comfort and health considerations. CFOC, pg. 198 Standard 5.028

There may be some association between sleeping room temperatures and increased risk of SIDS, but this connection is not yet fully established. It is recommended that infants are lightly clothed for sleep, and that the sleeping room temperature is kept comfortable for a lightly clothed adult, not to exceed 78 degrees. In addition, infants should not be over-bundled, or should not feel hot to the touch when sleeping.

Enforcement

Licensors should measure the temperature at table height. Room temperature in infant sleeping rooms should be measured at the level the children sleep at.

If a licensee/certificate holder is unable to meet the temperature requirements due to equipment failure or breakdown, but can show that they have scheduled a repair and are doing their best in the meantime to maintain a comfort level, the Licensor will follow up to see if the repair is completed by the scheduled date before citing a violation of this rule.

Level 2D Noncompliance for infants.

Level 3D Noncompliance otherwise.

Licensed Family 90-4:

(6) The licensee shall maintain adequate light intensity for the safety of children and the type of activity being conducted and shall keep the lighting equipment in good working condition.

Residential Certificate 50-4:

(6) The certificate holder shall maintain adequate light intensity for the safety of children and the type of activity being conducted and shall keep the lighting equipment in good working condition.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend that natural lighting be provided in rooms where child work and play for more than two hours at a time, and that all areas of the facility have glare-free natural and/or artificial lighting that provides adequate illumination and comfort for the children's safety and the activities being conducted. Inadequate artificial lighting has been linked to eyestrain, headache, and non-specific symptoms of illness. CFOC, pg. 203 Standard 5.042

It is important that there be adequate light for children to see safely and for caregivers to adequately supervise children and perform tasks such as diapering.

Enforcement

If needed, adequate lighting will be determined by using printed materials, and seeing if there is enough light for a caregiver in the area to read it.

Always Level 3D Noncompliance.

Licensed Family 90-4:

- (7) There shall be at least 35 square feet of indoor play space for each child, including providers' related children who are ages four through twelve.
- (8) Indoor space per child may include floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:
 - (a) by children;
 - (b) for the care of children; or
 - (c) to store children's materials.
- (9) Bathrooms, closets, hallways, and entryways are not included when calculating indoor space for children's use.

Residential Certificate 50-4:

- (7) For certificate holders who receive an initial certificate after 1 September 2008 there shall be at least 35 square feet of indoor play space for each child, including the providers' related children who are ages four through twelve and not counted in the provider to child ratios.
- (8) Indoor space per child may include floor space used for furniture, fixtures, or equipment if the furniture, fixture, or equipment is used:
 - (a) by children;
 - (b) for the care of children; or
 - (c) to store children's materials.
- (9) Bathrooms, closets, hallways, and entryways are not included when calculating indoor space for children's use.

Rationale / Explanation

The American Academy of Pediatrics and the American Public Health Association recommend 35 square feet of space per child which is free of furniture and equipment, or 50 square feet of space if furniture and equipment are included. The rationale for this recommendation is that crowding has been shown to be associated with an increased risk of upper respiratory infections, because children's behavior tends to be more constructive when they have sufficient space, and because having sufficient space reduces the risk of injury from simultaneous activities. CFOC, pg. 235 Standard 5.112

An October 2005 legislative audit of the Bureau of Licensing examined this rule specifically, and found that Utah's requirement of 35 square feet per child is reasonable and justifiable, and is in line with 42 of the 50 states.

Enforcement

This measurement is usually taken, and capacity determined, at the time of initial licensure. It is normally not re-

measured on subsequent licensing visits, unless a particular room or space appears overly crowded during the visit. Examples of items that would detract from the square footage: storage containers not used to store children's materials; piles of laundry, newspapers, or books.

Always Level 3B Noncompliance.